

Knightdale Recreation Center Program Registration Form
Knightdale Parks and Recreation
(For Recreation Programs Only)

Mailing Address:
Knightdale Recreation Center
950 Steeple Square Ct.
Knightdale, NC 27545

1. Please Print:

Parent/Legal Guardian Name (if applicant is under age 18) _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work # _____ Cell # _____

E-mail _____

Emergency Contact _____ Phone # _____

2. Class Registration:

Participant's Name	M/F	Birth Date	Age	Program Title/Session #	Start Date	Time	Fee
Total Program Fees Due:							

An adult (18 or over) must accompany children to all Pre-School Programs

3. Payment Information:

Please make checks payable to **KPRD**
A \$25 fee is applicable on all returned checks

For office use only	Cash	Check #	Receipt #	Mailing List	Y	N
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4. Recreation Program: Please Circle

Would you like to be added to our email list? Y N Already on the list? Y N

5. Participation Agreement:

The Knightdale Parks and Recreation Department assumes no liability for injuries or damages from the results of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning ability to participate. All activities present inherent risks and hazards which the participant assumes. I hereby approve of my/my child's participation in this Recreation program. **I understand that photographs/videos taken of Recreation Programs may be used by the Town of Knightdale and Knightdale Parks and Recreation.** The Department has my permission in an emergency to call Emergency 911 and/or send my child to a Hospital/Urgent Care Facility, and the Hospital and medical staff have my authorization to provide treatment which a Physician deems necessary for the well-being of my child. The Department will make every reasonable attempt to contact the parent or guardian.

Participant/Parent/Legal Guardian Signature

_____/_____/_____
Date